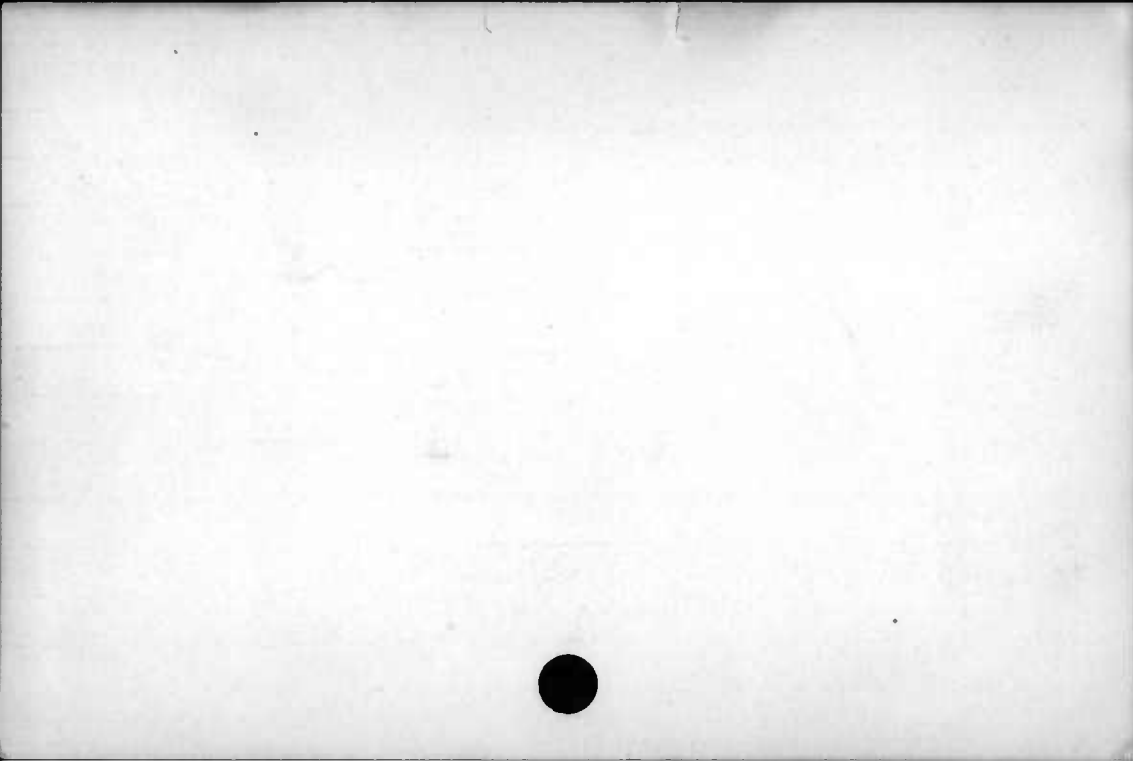


Name in Full		Illegitimate Stillborn Twin children						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Crumpton		County Queen Anne's		MARYLAND			
	Date of death		1905	Month 2	Day 21	Age	Years	Months	Days	
	Sex		Male		Color or Race		White		Birth-place	Maryland
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name				Unknown		Father's Birthplace			Unknown
PHYSICIAN OR CORONER	Mother's Maiden Name				Bertha Bird		Mother's Birthplace			Maryland
	Name of person giving information				Julia A Bordley		How related to deceased			not related
	CAUSES OF DEATH									
	Primary						How long			
Immediate						How long				
Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician				midwife
						Address				Julia A. Bordley Crumpton
Accident or Suicide?						witness				R. S. Oram



Name
in
Full

CERTIFICATE OF DEATH

Jones H. Brocken

Near Church Hill Dr. Hcs

MARYLAND

Died at

Date

1905 Feb

Day

24

Years

Age 64

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

L. Hcs

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
Name

Chas Brocken

Father's
Birthplace

L. Hcs

Mother's
Maiden Name

Do not know

Mother's
BirthplaceName of person giving
information

Jno Stenson

How related
to deceased

none

CAUSES OF DEATH

Primary

from Fatal Wound

How long

Immediate

asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

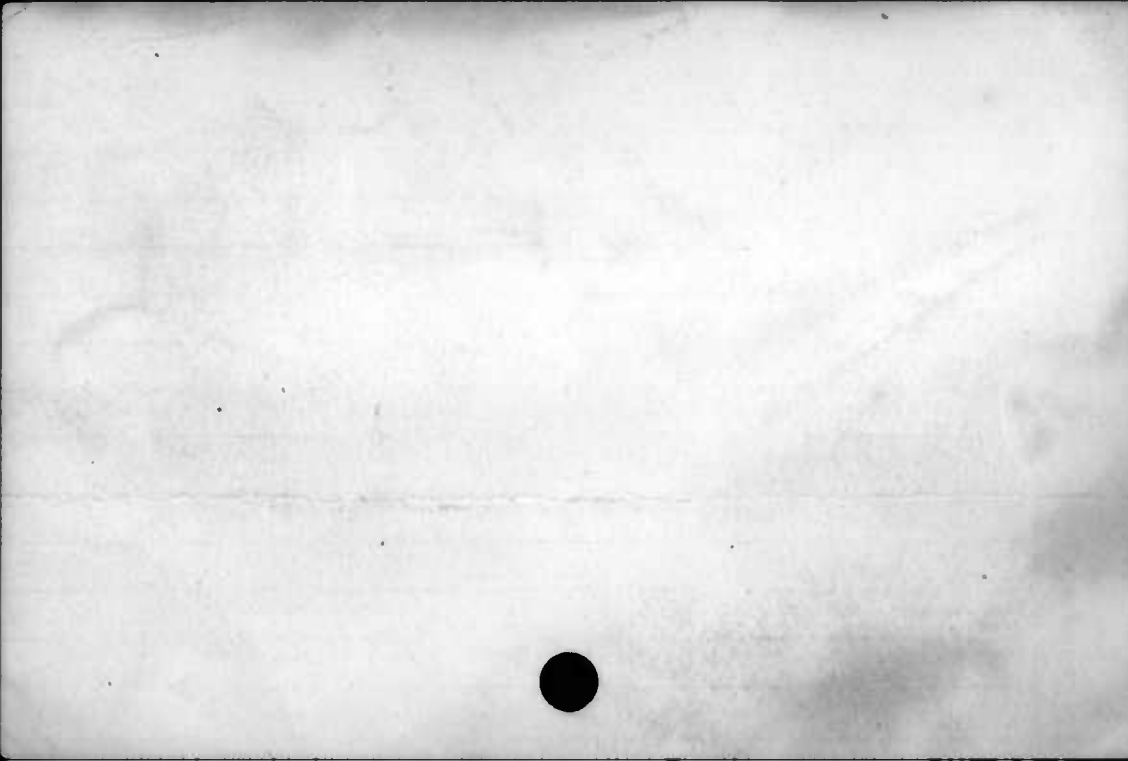
Address

John B. Carter, P. Garner

Accident or Suicide?

Suicide

Dr. W. S. Dudley
Church Hill
MarylandTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

Age

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Eli. P. Cranor

CERTIFICATE OF DEATH

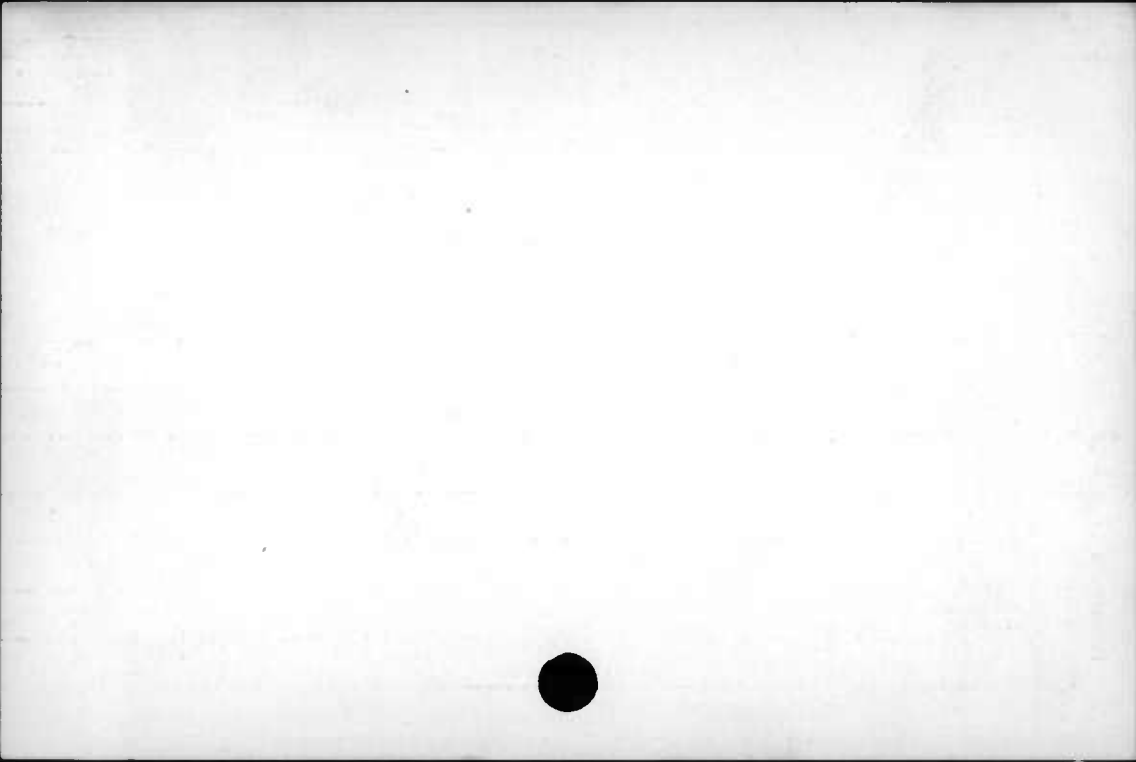
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtton</i>		County <i>Dallen Anne</i>		MARYLAND	
Date of death	Month <i>Feb</i>	Day <i>28</i>	Years <i>74</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ohio</i>		
Occupation <i>Waterman</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Avis Ann Shelton</i>				
Father's Name <i>Henry Cranor</i>	Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>Rebecca Hollet</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Perry Cranor</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>	Signature of Physician <i>E. P. Gorman M.D.</i>
	Address <i>Millington Ind</i>
Accident or Suicide? <i>X</i>	



Name
In
FullTO BE ANSWERED BY
NEAREST FRIEND

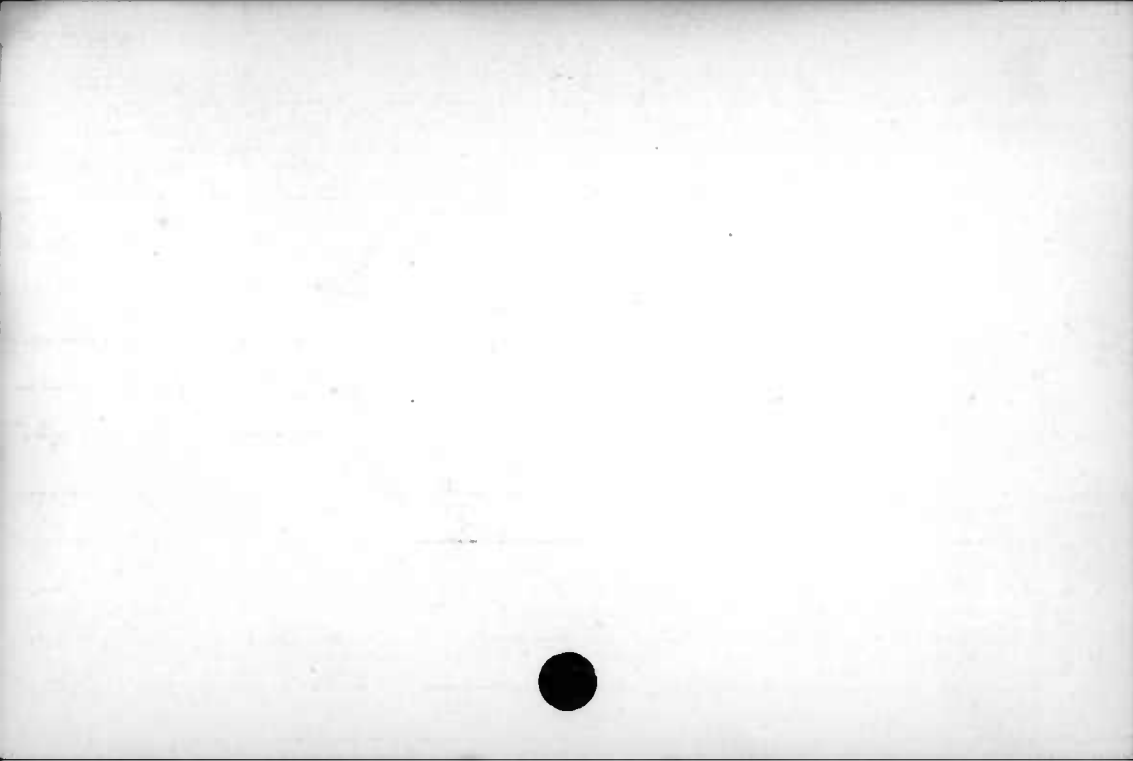
CERTIFICATE OF DEATH

MARYLAND

Died at *Church Hill* ^{Town} *Queen Anne's* ^{County}Date of death *1905* ^{Month} *Feb* ^{Day} *23* ^{Years} *Age 26* ^{Months} *3* ^{Days} *2*Sex *Female* Color or Race *white* Birth-place *Del.*
Occupation *Lady* Where Residing if not at place of death *Church Hill.*~~Married~~ *Single* Name of Wife or Husband *—*Father's Name *Rezinah C. Downs* Father's Birthplace *Del.*Mother's Maiden Name *Annie Coppage* Mother's Birthplace *Ind*Name of person giving information *Annie Downs* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *1 yr.*
Immediate *Exhaustion* How long *2 weeks.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. G. Coppage*
Address *Church Hill Ind*~~Accident or Suicide?~~



Name
in
Full

Mary Catherine Forman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hope</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>18</i>	Age	Years	Months <i>5</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Hope, Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm F Forman</i>		Father's Birthplace <i>Centerville, Md.</i>					
Mother's Maiden Name <i>Sarah E Gibbs</i>		Mother's Birthplace <i>Hope, Md.</i>					
Name of person giving Information <i>Wm F Forman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congestion of Lungs</i>	How long } <i>Two days</i> How long }
Immediate <i>Convulsions</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter H Feiby</i>
	Address <i>Rhineburg, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leaville* Town

County

2. A.

Date

of death *1905*

Month

2

Day

21

Age

Years

13

Months

7

Days

13

Sex

*Female*Color or
Race*Black*Birth-
place*2. A. Co*

Occupation

*School*Where Residing if not
at place of death*Place of death*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Perry Froman*Father's
Birthplace*md*Mother's
Maiden Name*Annie Madden*Mother's
Birthplace*md*Name of person giving
In formation*Wm. J. Froman*How related
to deceased*Bro*

CAUSES OF DEATH

Primary

Acute Tuberculosis

How long

6 months

Immediate

Exhaustion

How long

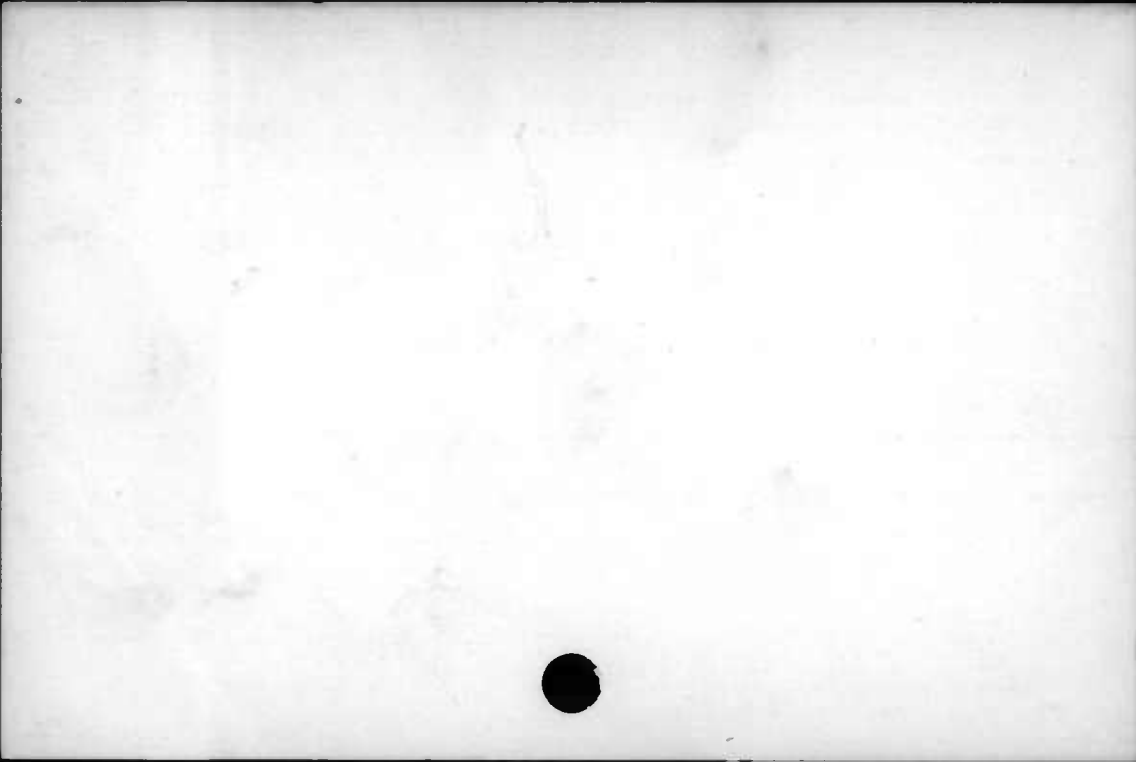
*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

John Kraus
Portsmouth
md

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

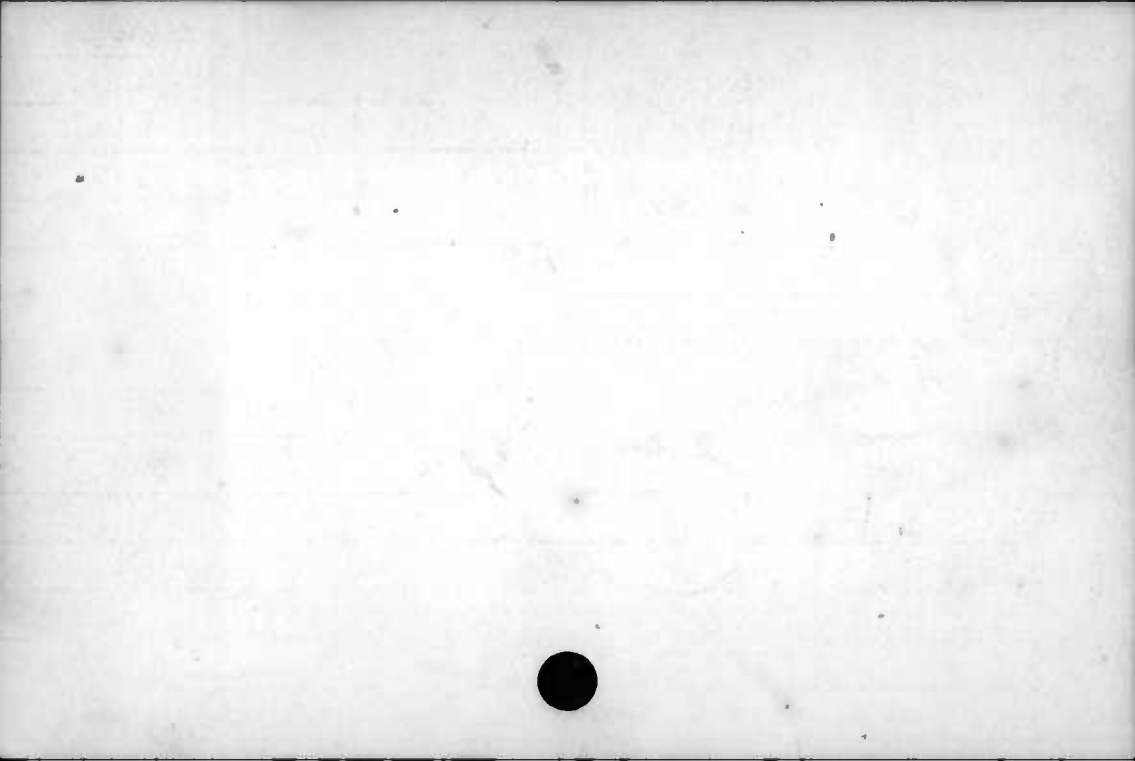
TO BE ANSWERED BY
NEAREST FRIEND

Died at		John Frisby Near Church Hill L. H. Co.		County		MARYLAND	
Date of death	1905	Month	July	Day	15	Age	60
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Married		Name of Wife or Husband		Margaret Anna Frisby	
Father's Name		Joseph Frisby		Father's Birthplace		L. H. Co.	
Mother's Maiden Name		Francis		Mother's Birthplace		L. H. Co.	
Name of person giving information		H. M. Wells		How related to deceased		Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute nephritis	How long	3 years
Immediate	Exhaustion	How long	few min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Church Hill	
		Maryland	
Accident or Suicide?			



Name
in
Full

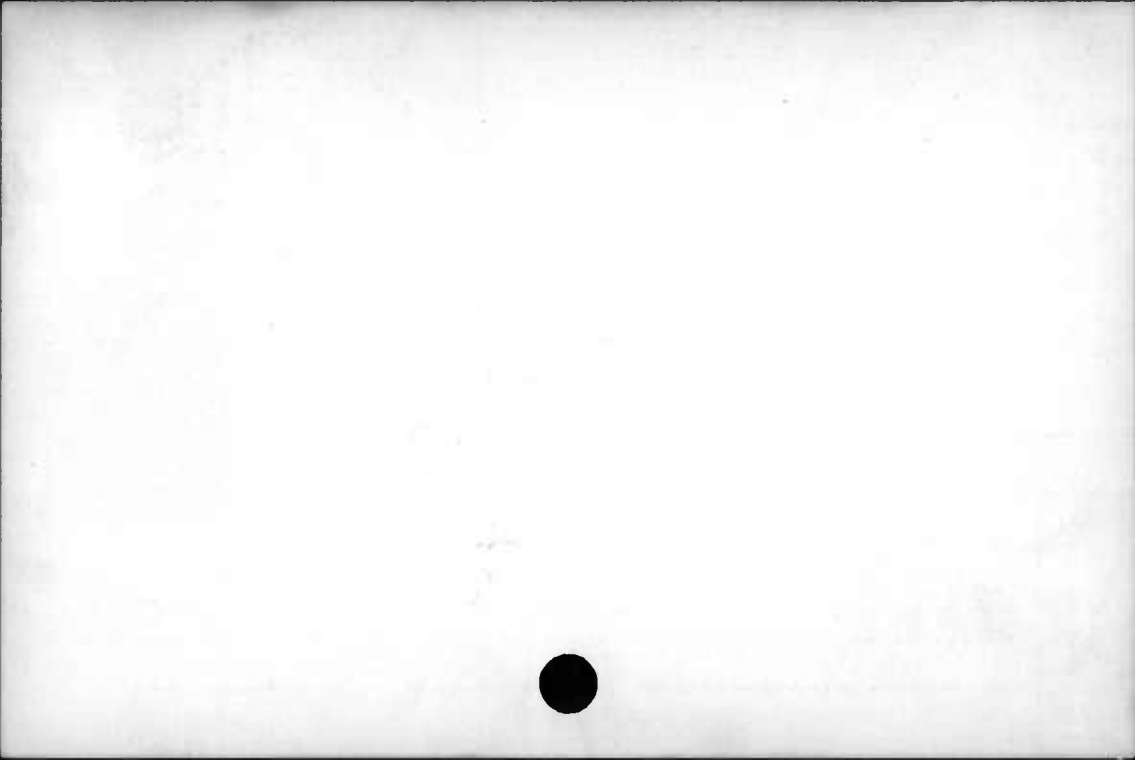
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Holliday</i>		Town <i>Sturicks Church</i>		County <i>Dupen</i>		State <i>MARYLAND</i>	
Died at <i>Sturicks Church</i>		Date of death <i>1905</i>		Age <i>76</i>		Months <i>7</i>	
Month <i>Feb.</i>		Day <i>Third</i>		Years <i>76</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henrietta Brown</i>					
Father's Name <i>Isaac Holliday</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>J. H. Holliday Jr.</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Organic heart trouble</i>		How long <i>7 months</i>	
Immediate <i>Asthma and dropsy</i>		How long <i>One month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. W. Simmons</i>	
		Address <i>Sudlersville, Md.</i>	
Accident or Suicide? <i>✓</i>			



Name
in
Full

Sarah Virginia Inhoff
Chester Town Green Anns County

CERTIFICATE OF DEATH

Died at

MARYLAND

Date

of death

1905 Feb

Day

19

Age

Years

44

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Kent Island

Occupation

Housewife

Where Residing if not
at place of death

Chester

Married, Single
or Widowed

Married

Name of Wife or
Husband

Edith Inhoff

Father's
Name

Franklin Lewis

Father's
Birthplace

Kent Island

Mother's
Maiden Name

Lillian Thomas

Mother's
Birthplace

Kent Island

Name of person giving
In formation

John Lewis

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

How long

18 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm Henry

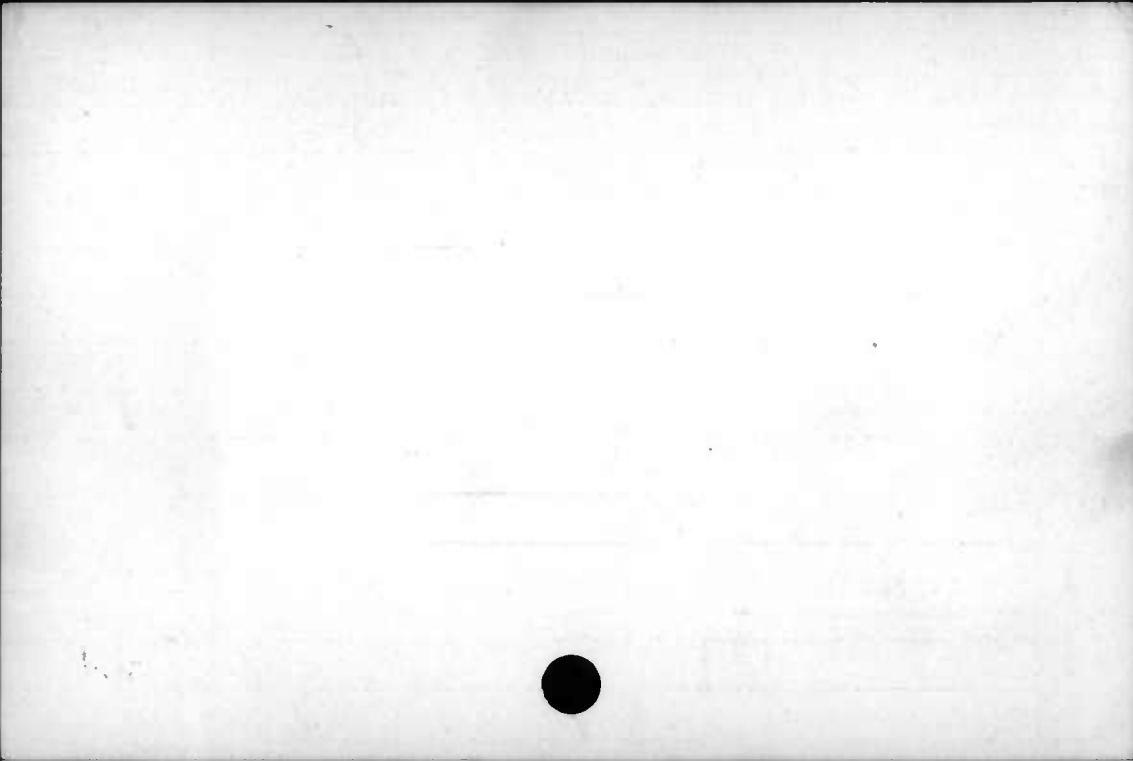
Address

Stevensville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Isabel Johnson

CERTIFICATE OF DEATH

Died at ^{Town} Centreville^{County} D. A. Co.

MARYLAND

Date
of death 1905^{Month} Feb.^{Day} 25Age ^{Years} 1^{Months} 4^{Days} 13Sex GirlColor or
RaceBlackBirth-
placeCentreville

Occupation

Where Residing if not
at place of deathat place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's
NameThomas H. JohnsonFather's
BirthplaceD. A. Co.Mother's
Maiden NameMina ScottMother's
BirthplaceD. A. Co.Name of person giving
InformationF. H. JohnsonHow related
to deceasedFather

CAUSES OF DEATH

Primary

Tuberculosis

How long

Six months

Immediate

Brain tumor

How long

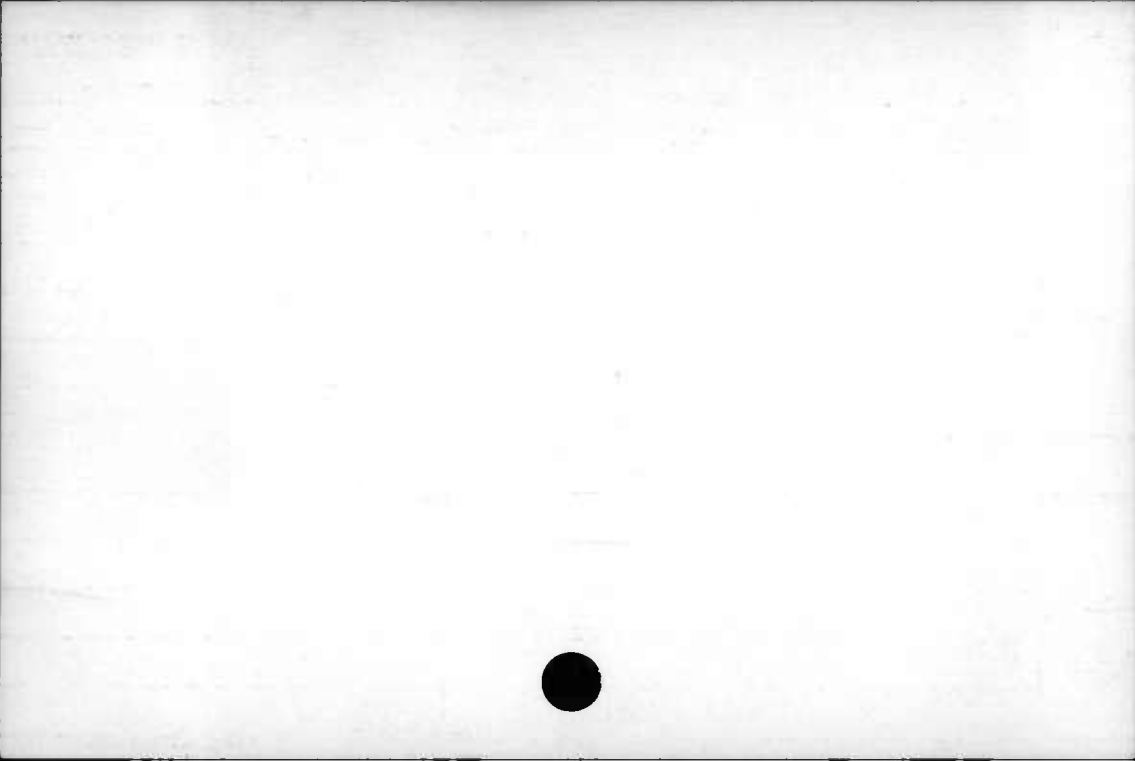
Ten daysAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

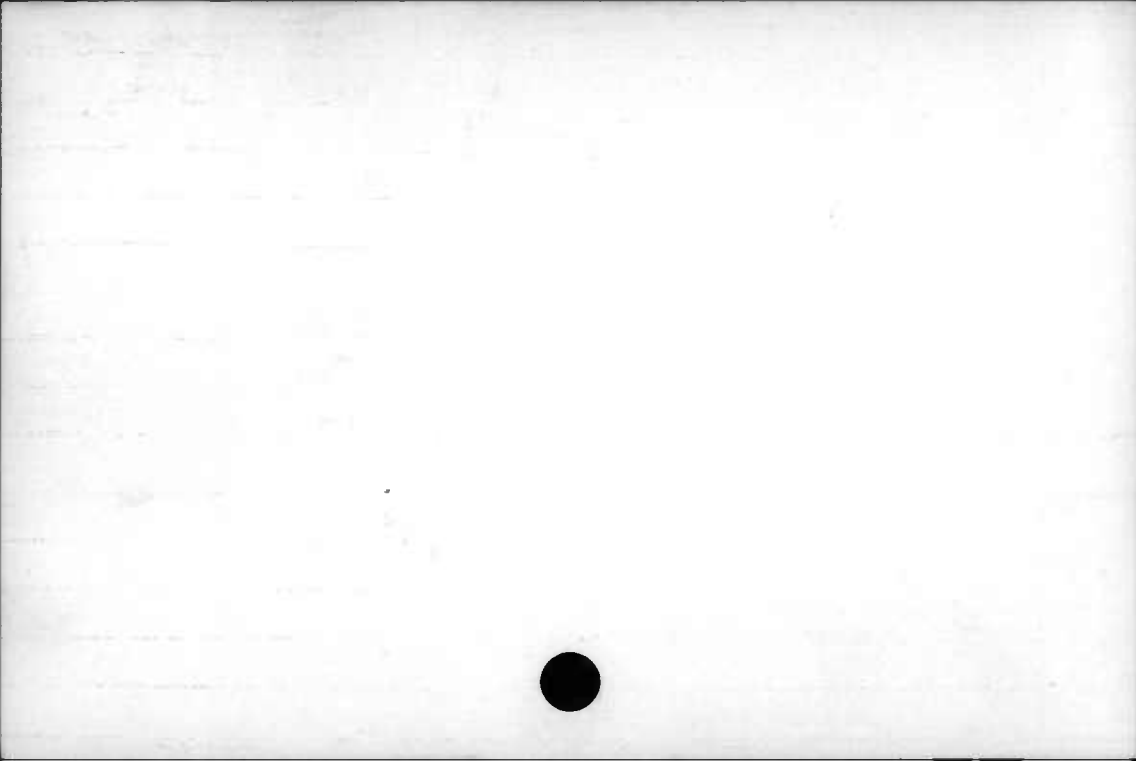
J. Lane Finley
Centreville, Queen
Anni's Co. Md.

Accident or Suicide?

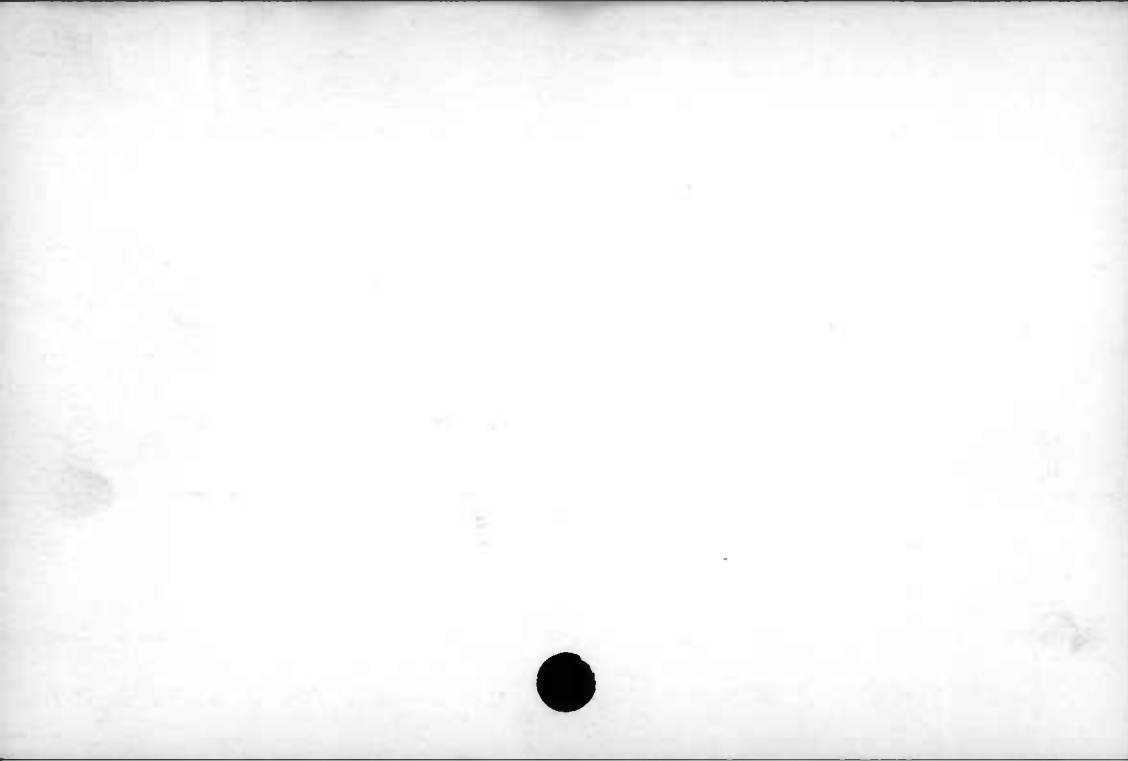
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



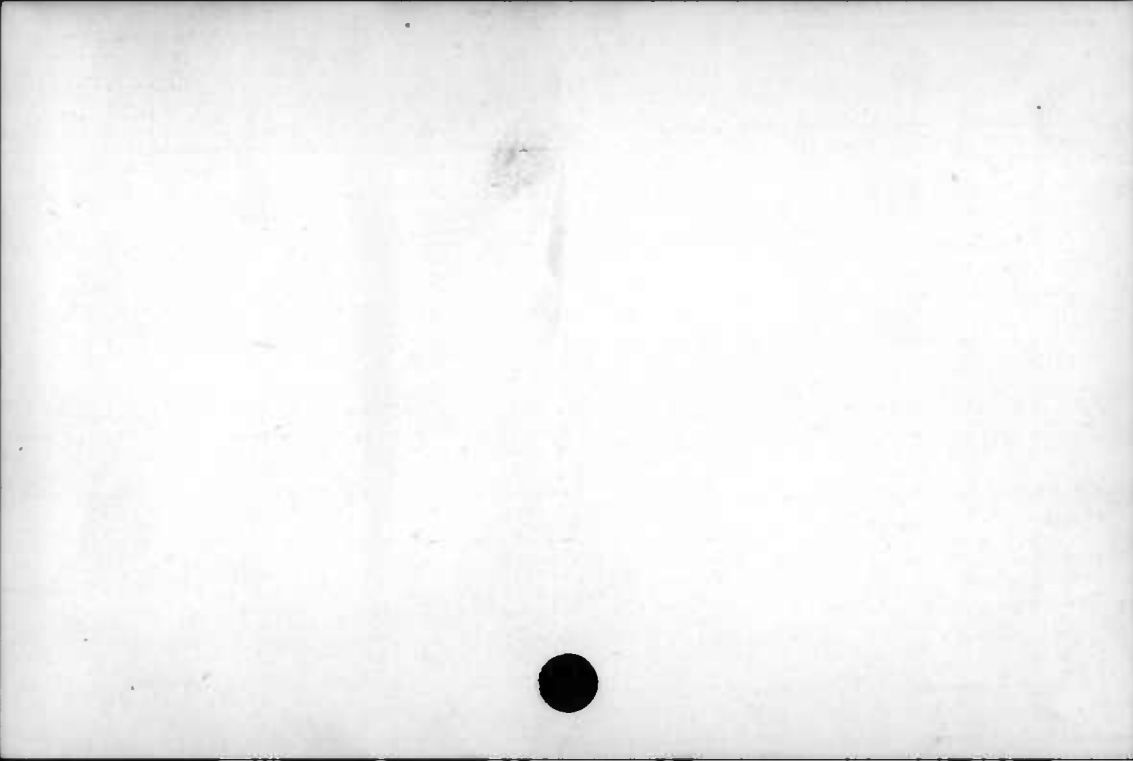
Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Alms House</i>				<i>2.A</i>		MARYLAND	
		Date of death <i>27</i> <i>90</i>		Month <i>Feb</i>	Day <i>27</i>	Age <i>68</i>	Years	Months	Days
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>2.A.C.</i>			
		Occupation <i>Parapher</i>				Where Residing if not at place of death <i>Alms House</i>			
		Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>Christophine King</i>					
		Father's Name <i>Wm needs</i>						Father's Birthplace	
		Mother's Maiden Name <i>Don't Know</i>						Mother's Birthplace	
PHYSICIAN OR CORONER		Name of person giving information <i>Wm Justice</i>						How related to deceased <i>none</i>	
		CAUSES OF DEATH							
		Primary <i>Chronic gastritis</i>				<i>104</i>		How long <i>—</i>	
		Immediate <i>Heart failure</i>						How long <i>—</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. A. Holston</i>			
						Address <i>Centerville W. Va</i>			
		Accident or Suicide?							



Name is Full		Nannie P. Larrimore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
		Date of death <i>1905</i> <i>2</i> <i>19</i>		Age <i>33</i>		Months <i>5</i> Days <i>15</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Queen Anne Co.</i>	
		Occupation <i>School Teacher</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Richard Theodore Larrimore</i>		Mother's Maiden Name <i>Francis J Price</i>		Father's Birthplace <i>MD</i>		Mother's Birthplace <i>"</i>	
Name of person giving Information <i>Lida L Turner</i>		How related to deceased <i>Sister</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>			
		Immediate <i>Sauce</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward E. [Signature]</i>			
				Address <i>Baltimore</i>			
		Accident or Suicide?					



Name in Full		Edward Mansfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Winchester		Queen Anne's		MARYLAND		
		Date of death		1905	Month	2	Day	5
		Age		89		Years	Months	Days
		Sex		male		Color or Race	White	
		Birth-place		Talbot Co				
		Occupation		Carver		Where Residing if not at place of death		
		<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband				
		Father's Name		not none		Father's Birthplace		
		Mother's Maiden Name		don't know		Mother's Birthplace		
		Name of person giving information		John H Rhoads		How related to deceased		
				non				
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary				How long		
		old age				154		
		Immediate				How long		
		old age				4 Weeks		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				Chas O Courney		
		Address				act coroner		
		Accident or Suicide?				Ad Founds Stone & Ma		



Name
in
Full

Catherine Meredith

CERTIFICATE OF DEATH

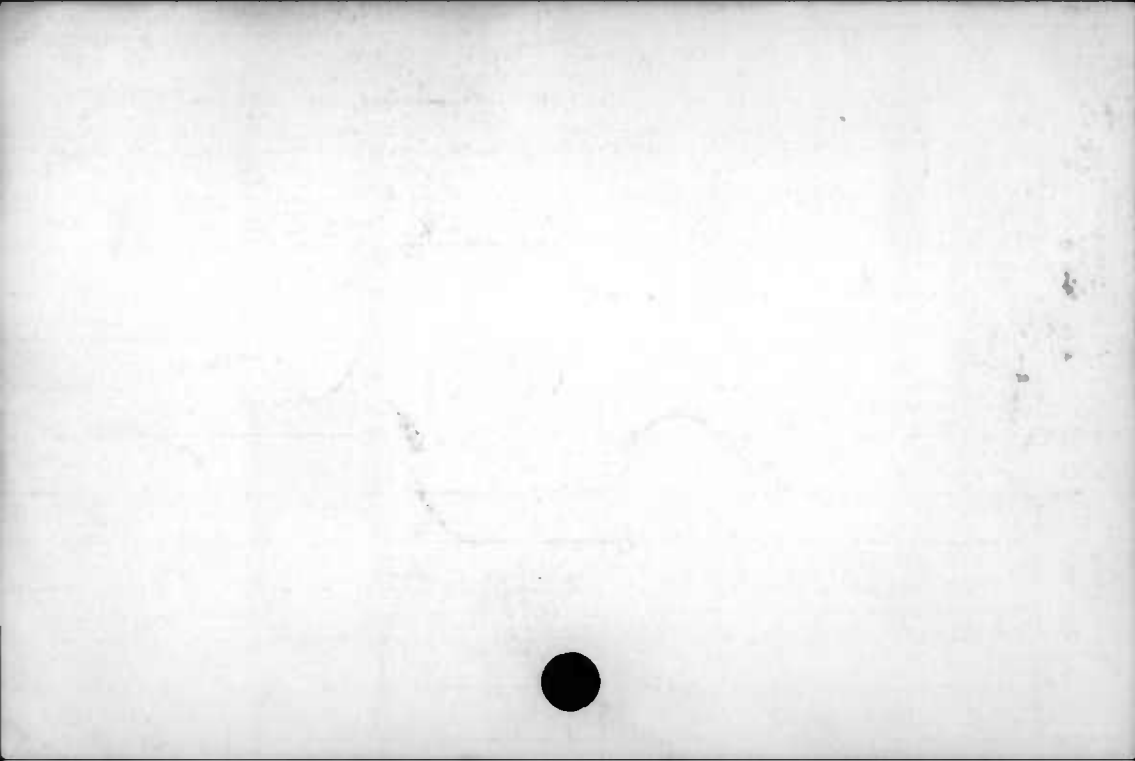
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Church Hill</i> ^{Town}		<i>La Co</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Feb</i> - ^{Month}	<i>6</i> ^{Day}	Age <i>68</i> - ^{Years}	<i>—</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>La Co.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>James W. Meredith</i>				
Father's Name <i>Wm. Thos. Chambers</i>	Father's Birthplace <i>La Co</i>				
Mother's Maiden Name <i>Don't know.</i>	Mother's Birthplace <i>La Co</i>				
Name of person giving information <i>Jno W. Rochester</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Locomotor Ataxia</i>	How long <i>15 years.</i>
Immediate <i>Most likely Heart failure</i>	How long <i>3 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Banger Simmons</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide? <i>no.</i>	



Name
in
Full

Emory Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

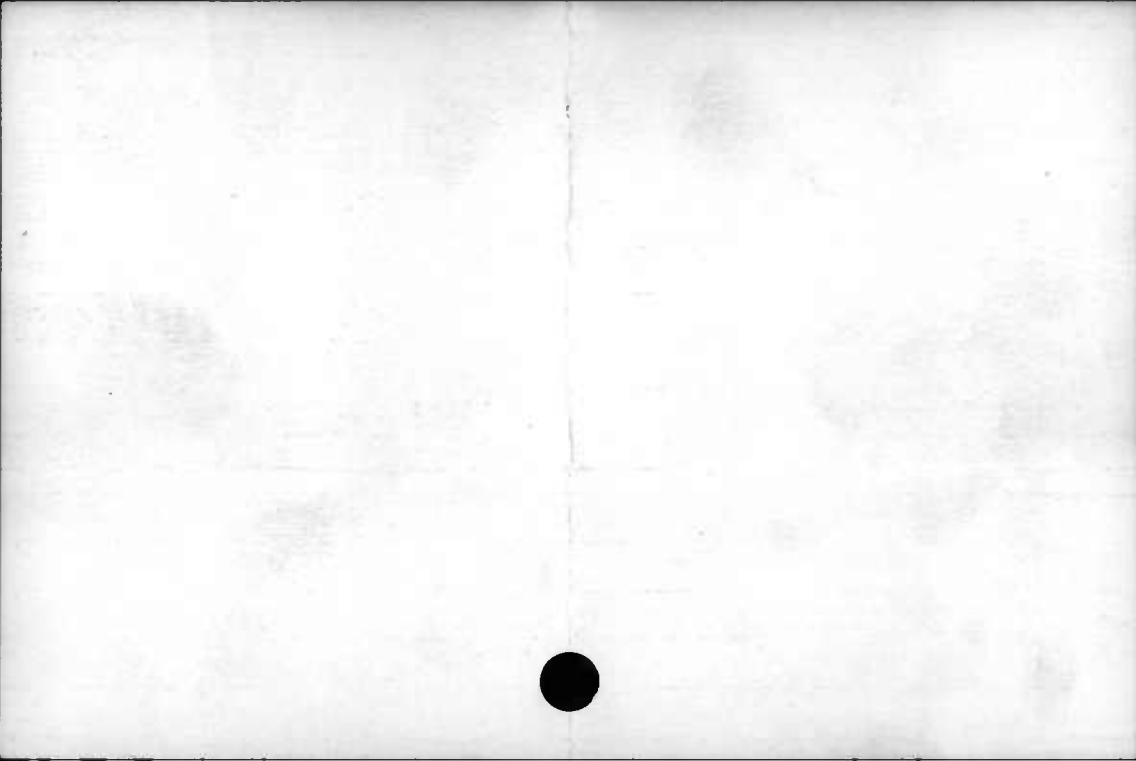
MARYLAND

Died at <i>Cumtville</i>		Town <i>2</i>		County <i>a</i>	
Date of death <i>1905</i>		Month <i>2</i>	Day <i>25</i>	Age <i>59</i>	Years <i>59</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>2. K. Tex</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death		<i>Place of death</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Dmt Knard</i>	Father's Birthplace <i>Dmt Knard</i>				
Mother's Maiden Name <i>Dmt Knard</i>	Mother's Birthplace <i>Dmt Knard</i>				
Name of person giving information <i>Fraud H Phillips</i>		How related to deceased <i>none</i>			

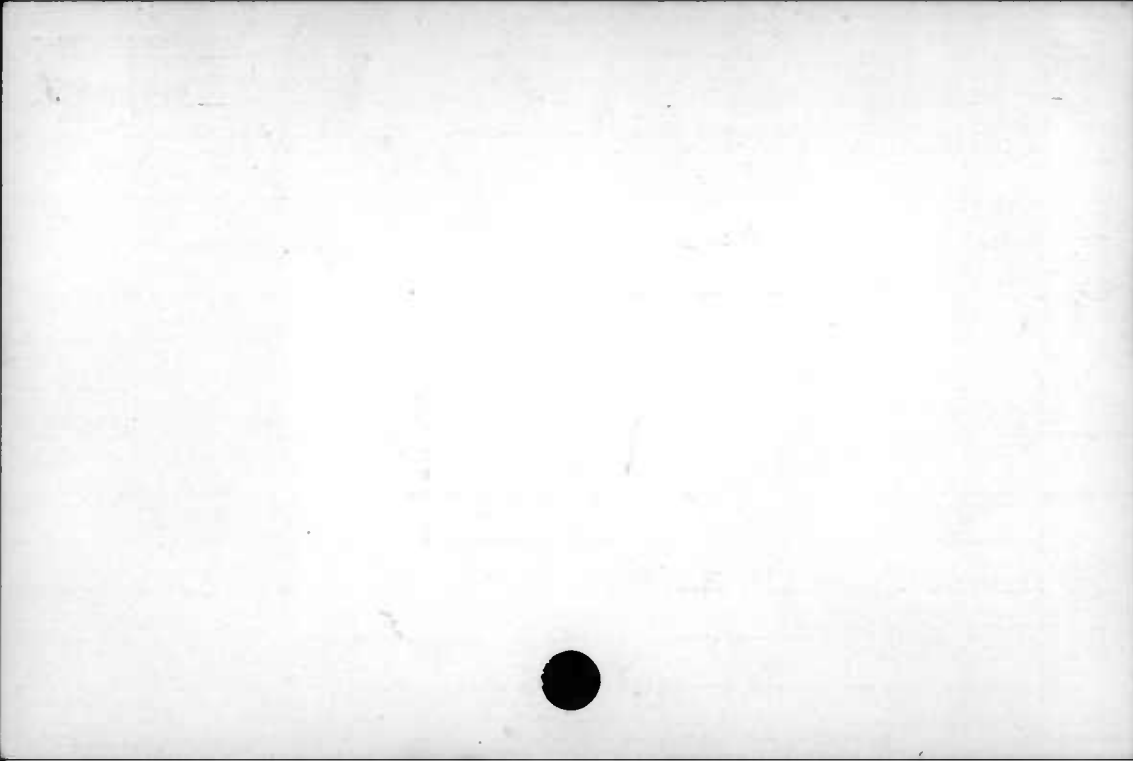
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis</i>	<i>84</i>	How long <i>7 or 8 yrs</i>
Immediate <i>It may be cerebral Hemorrhage as he died alone without medical attention</i>		How long <i>medical attention</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. H. Phillips</i>	Address <i>Cumtville Md</i>
Accident or Suicide? <i>no</i>		



Name in Full		Nat Name				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumbernole		County Juniata		MARYLAND		
	Date of death		1905	Month 2	Day 7	Age	Years —	Months —	Days 2
	Sex		Male		Color or Race		Black		
	Occupation		None		Where Residing if not at place of death		Place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		—		
	Father's Name		Jm Mitchell				Father's Birthplace		Cumbernole Md
	Mother's Maiden Name		Lucy Johnson				Mother's Birthplace		Cumbernole Md
	Name of person giving information		Jm Mitchell				How related to deceased		Father
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary		Hydrocephalus Born				How long		2 days
	Immediate		—				How long		—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Jm Mitchell Md		
					Address		Cumbernole Md		
Accident or Suicide?		no							



Name
in
Full

Arena Taylor

CERTIFICATE OF DEATH

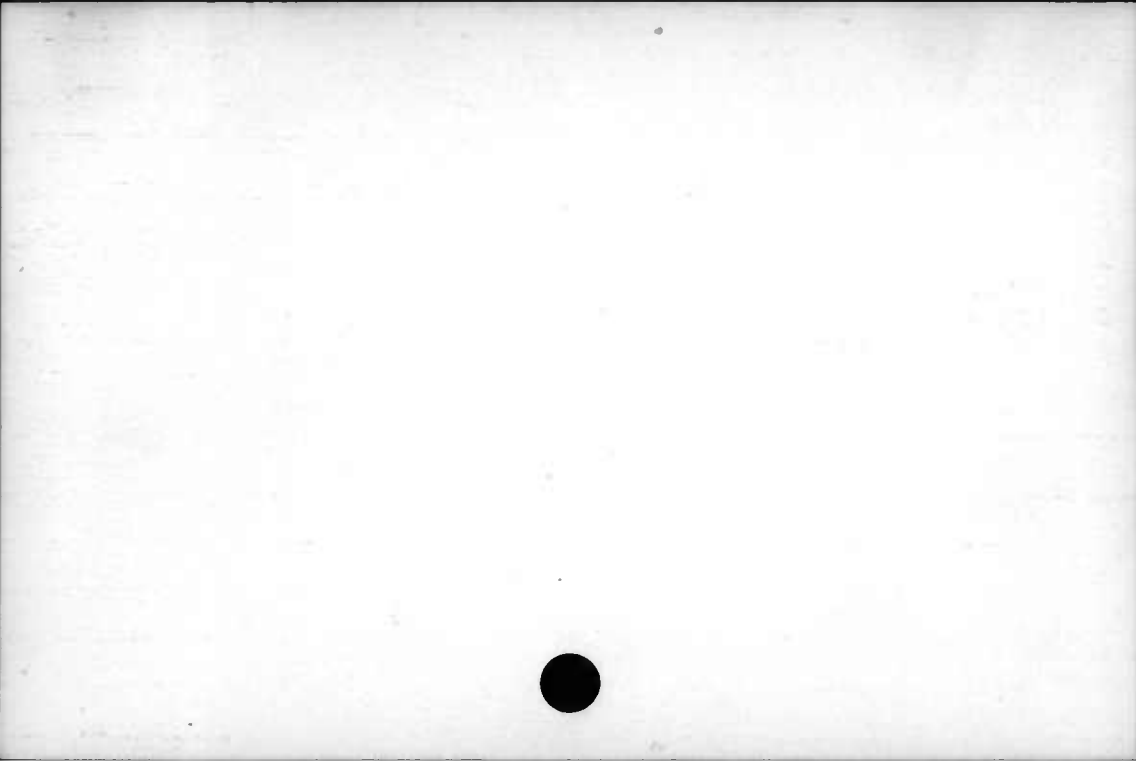
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centreville</i>		Town <i>Centreville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb.</i>	Day <i>21</i>	Years <i>25</i>	Months <i>4</i>	Days		
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co</i>				
Occupation			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James H. Taylor</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>James H. Taylor</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>I know nothing of antecedent history of case</i>	How long
Immediate <i>"Heart failure"</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Bradley M.D.</i>
	Address <i>Centreville Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Clarence Robinson

Town

County

Died at

Stevensville

L. A.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1905

2

4

Age

2

11

-

-

Baptist

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Robinson

Mother's

Name

Maria Thompson

Cause of

Primary

Pneumonia

How long sick

week

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. S. Henry, M.D.

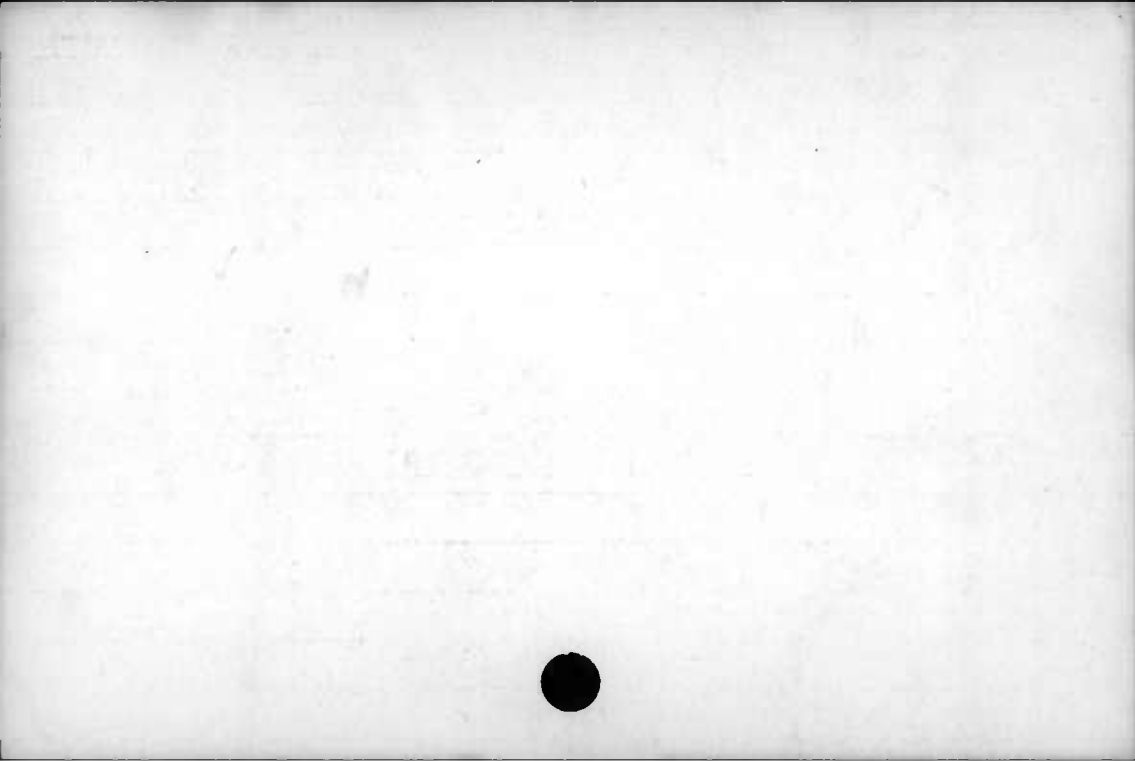
Address

Stevensville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full		Abraham Rochester				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Inglewode		I. A.				
	Date of death	1905	Month	2	Day	5	Age
	Sex		Male		Color or Race		Black
	Occupation				Birth-place		Id.
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
Father's Name		Chas. L. Rochester		Father's Birthplace		Id.	
Mother's Maiden Name		Ella L. [unclear]		Mother's Birthplace		Id.	
Name of person giving information		Chas. L. Rochester		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Memoranda		How long		9 days
	Immediate				How long		193
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Dr. [unclear]
					Address		Inglewode Id.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>1 Roe</i> Town		<i>2. A.</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>2</i>	Day <i>22</i>	Age <i>40</i>	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ad</i>		
Occupation <i>Farmer</i>	Where Residing is not at place of death <i>2. 600. Ad</i>				
Married, <i>S</i>	Name of Wife or Husband <i>Catherine Rochester</i>				
Father's Name <i>Arthur Rochester</i>	Father's Birthplace <i>Ad</i>				
Mother's Maiden Name <i>Mahala Benton</i>	Mother's Birthplace <i>Ad</i>				
Name of person giving information <i>Emory Rochester</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Influxusception of Bowels* How long *8 days*

Immediate *108* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

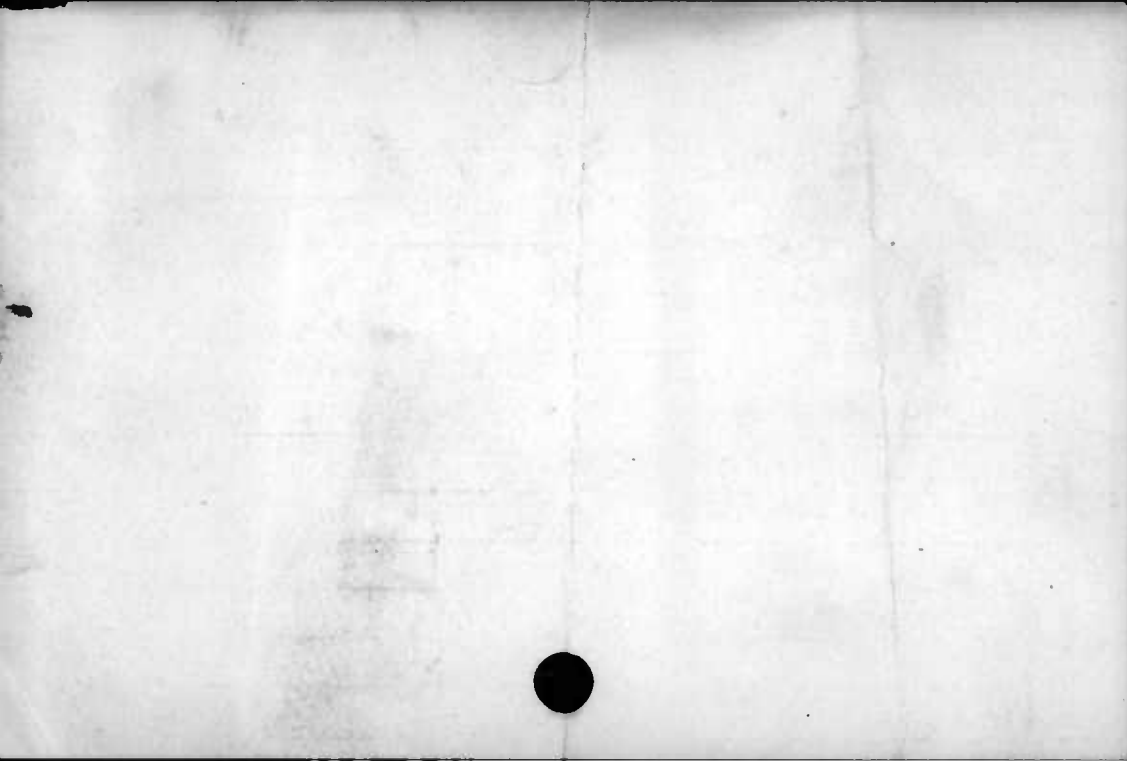
Signature of Physician

Address

Eastbraham

Highside Ad

Accident or Suicide?



Name
in
Full

Thomas Stansbury

Town

Stevensville

County

Qa

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1903

Month

Feb

Day

14

Age

Years

75

Months

Days

29

Sex

Male

Color or
Race

Calar

Birth-
place

Kent Island

Married, Single
or Widowed

Married

Occupation

Labour

Name of Wife or
Husband

Mary Stansbury

Father's
Name

Perry Stansbury

Father's
Birthplace

Kent Island

Mother's
Maiden NameMother's
Birthplace

" "

Name of person giving
in formation

Wife

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Heart disease

How long

2 years

Immediate

Dropsey

How long

Short time

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm. J. Henry

Address

Stevensville Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Still born				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died <i>Near Church Hill</i>		Town <i>Green</i>		County <i>Ind</i>	
		Date of death <i>1905- Feb 15</i>		Month <i>Feb</i>		Day <i>15</i>	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>—</i>	
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		—	
		Single <i>Single</i>		Name of Wife or Husband <i>—</i>		—	
PHYSICIAN OR CORONER		Father's Name <i>Harry E. Ellison</i>		Father's Birthplace <i>Green County Ind</i>		—	
		Mother's Maiden Name <i>Ada Sparks</i>		Mother's Birthplace <i>L. C. Co. Ind</i>		—	
		Name of person giving information <i>Harry E. Ellison</i>		How related to deceased <i>Father</i>		—	
		CAUSES OF DEATH		—		—	
PHYSICIAN OR CORONER		Primary <i>Still born</i>		How long <i>5</i>		—	
		Immediate <i>—</i>		How long <i>—</i>		—	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. J. Cappage Ind</i>		Address <i>Church Hill Ind</i>	
		Accident or Suicide? <i>—</i>		—		—	



Name
in
Full

CERTIFICATE OF DEATH

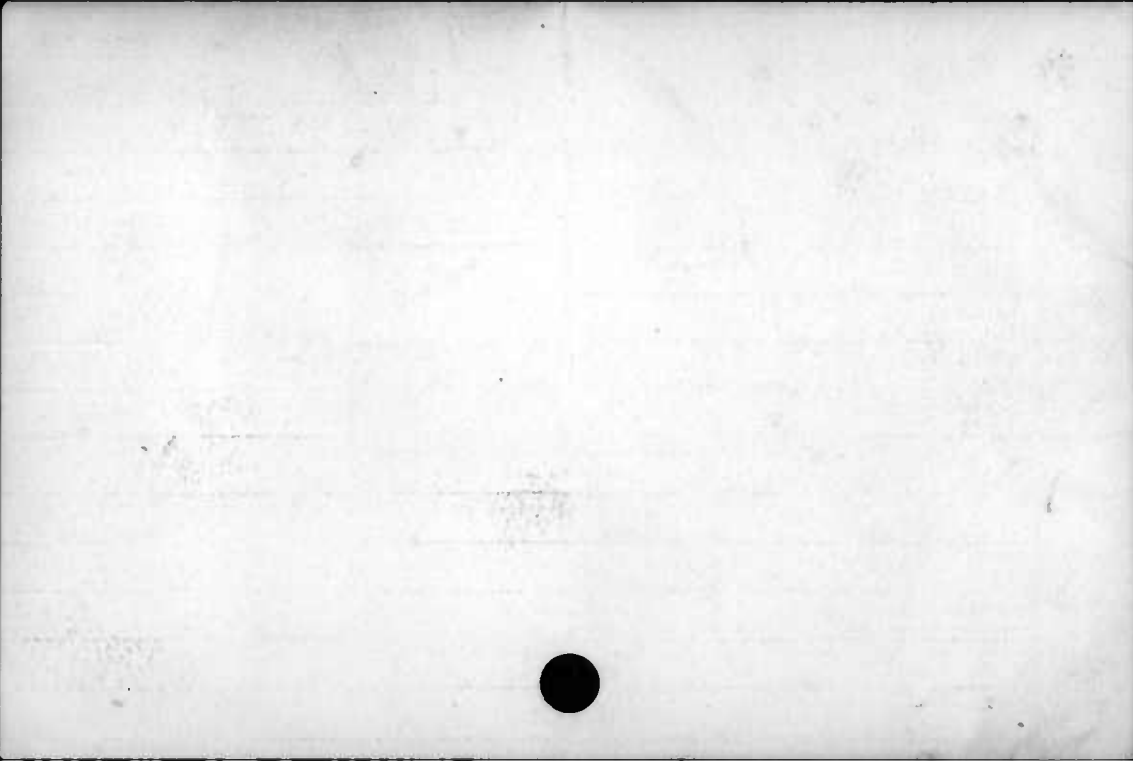
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jessie M. Wilkins</i>		Town <i>Winchester</i>		County <i>Green</i>		State <i>Maryland</i>	
Died at <i>Winchester</i>		Month <i>2</i>		Day <i>14</i>		Years <i>17</i>	
Date of death <i>1905</i>		Month <i>2</i>		Day <i>14</i>		Years <i>17</i>	
Sex <i>Female</i>		Color or Race <i>Collard</i>		Birth-place <i>Winchester</i>			
Occupation <i>House Girl</i>		Where Residing if not at place of death <i>Winchester</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Wilkins</i>		Father's Birthplace <i>Piney Neck</i>					
Mother's Maiden Name <i>Minnie Handy</i>		Mother's Birthplace <i>Stonon Neck</i>					
Name of person giving information <i>Charles Wilkins</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngeal tuberculosis</i> <i>Phthisis pulmonalis.</i>	How long <i>One year - following</i> <i>tuberculous adenitis Sps.</i>
Immediate <i>Exhaustion & toxemia.</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Adams</i>
	Address <i>Winchester, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Wilson

Died at *Centreville* ^{Town}*J.* County *A.*

MARYLAND

Date of death *1905* ^{Month} *Feb.*^{Day} *25*Age ^{Years} *2*

Months

Days

Sex *Female*Color or
Race*Black*Birth-
place*Centreville*

Occupation

Where Residing if not
at place of death*at place of death*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*John T. Wilson*Father's
Birthplace*Centreville*Mother's
Maiden Name*Martina Danner*Mother's
Birthplace*"*Name of person giving
information*Henry Conner*How related
to deceased*None*

CAUSES OF DEATH

Primary

Consumption

How long

2 years

Immediate

Exhaustion

How long

*2 Days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Jos. G. Dawson**No Dr.*
Centreville

Accident or Suicide?

*Undertaker**Md.*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Myatt		County		La		MARYLAND	
Died at		Tow		2 a			
Date of death		1905	Month	Feb	Day	4	Age
						42	
Sex	Male	Color or Race	White		Birth-place	Carlisle	
Occupation			Where Residing if not at place of death		Kert Wilson		
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Thomas H Myatt					Father's Birthplace	Danvers, To
Mother's Maiden Name	Anna Sward					Mother's Birthplace	Pittsboro
Name of person giving information	E. Myatt					How related to deceased	H. Brst

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 wk.
Immediate	Weak heart	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John R. Benton
		Address	Stennisville
Accident or Suicide?			

